



COUNSELOR IN TRAINING
APPLICATION

BUTTERFIELD PARK DISTRICT
21W 730 BUTTERFIELD ROAD
LOMBARD, IL 60148

PHONE: (630) 858-2229 FAX: (630) 858-2234

WWW.BUTTERFIELDPD.COM



***Please submit a completed application to the Butterfield Park District Administration Office**

IMPORTANT INFORMATION

DATE: _____

NAME:

Last Name	First Name	Middle Name
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ADDRESS:

Street	City	State	Zip
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PHONE NUMBER:

EMAIL:

GRADE:

NAME OF SCHOOL:

PARENTS/ GUARDIAN NAME:

DAYS AVAILABLE DURING THE WEEK: (Check preference) M T W TH F

VACATION: What weeks/ days will be needed for vacation this summer?

What grade/ age group would you prefer to work with? (Check preference)

K-2	3-5
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QUESTIONS

Why would you like to be in the CIT program?

Why do you want to work with children?

Have you had previous experience working with children? If so what did you enjoy about this experience? What did you dislike about this experience?

Have you attended a summer day camp? If so please explain what a typical day at summer camp was like:

What are some things that you would like to learn as a CIT?
